

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 950 0 Date 4/16/07

| Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM | | | | | | | | | |
|---|--------------------|---|--|--------------|--|--------------|-----------|------------|--------------------------------|
| Name Bush | on, Inc. | Home Tel: (360 33) - 3597 | | | | | | | |
| Mailing Ad | Box 1 | 46 w | ork Tel:(_ |) | | | | | |
| City Freeld | and State | VA Zip 4 | 98249+ | 9824 | Party A | AX:(|) | - | |
| Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above | | | | | | | | | |
| Name Andy | Campbell, | South Whide | bey Water Se | ervices | Home Tel:() | | | | |
| Mailing Ad | | Work Tel: (360) 579 - 1956 | | | | | | | |
| City <i>Clinto</i> Relationshi | ger | FAX: (360) 579 - 2058 | | | | | | | |
| Section 3. STATEMENT OF INTENT | | | | | | | | | |
| The applicant requests a permit to use not more than 25 (X gallons per minute or cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s) of Municipal Supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Estimate a maximum annual quantity to be used in acre-feet per year: 21 | | | | | | | | | |
| ☐ Check | k if the water | use is propo | osed for a sh | ort-term pro | ject. Indica | te the perio | d of time | e that the | water will be needed |
| | From_ | | to | //_ | | | | | |
| Section | 4. WAT | DR SOUL | | | THE STATE OF THE S | | | | |
| If SURFA | CE WATE | R | | | If GROU | NDWATE | R | | |
| Name the lake, etc. stream," e | pring, "unnamed | A permit i | s desired fo | or I wel | l(s). | | | | |
| Number o | f diversions: | | | | | | | | |
| Source flo | | Size & depth of well(s): 6-inch, 464 feet | | | | | | | |
| LOCATION | | | | | | | | | |
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 190 feet east, 930 feet north of the SW corner of Section 32 | | | | | | | | | |
| ¼ of | ¼∙of | Section | Township | Range(E/W) | The second transfer to the second | sunty | | b | rce is platted, complete elow: |
| SW | | | Street St | ommander | | | Lot | Block | Subdivision |
| SW | SW | 32 | 30 N | 2 E | Island | | A | 1 | Bush Point Shores |
| For Ecology U | Se Dolo Po | ceived: | | Prior | ity Date: 4/ | | | | |
| the regression | /Not Exempt | FERC Licens | | | Dept. Of | Health# | | | |
| Date Accepted | As Complete | | By_ | 10 KR/Date | | | Bý | _ wr | ua: |

Appl No.: 61 - 28494

| Sec | tion 5. GENERAL WATER SYSTEM INFORMATION |
|------------|--|
| A. | Name of system, if named: Bush Point Shores (WA DOH ID #09920B |
| B. | Briefly describe your proposed water system. (See instructions.) |
| | Existing system consists of one 6-inch well, one 18,000 gallon reservoir, booster pump house, $4,750\pm$ feet of 3 and 4-inch distribution mains, and 18 active service connections. |
| | |
| | |
| C. | Do you already have any water rights or claims associated with this property or system? \square YES X NO PROVIDE DOCUMENTATION. |
| Sec (Co | tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION impleted for all domestic/public supply uses.) |
| A. | Number of "connections" requested: 70 Type of connection Single-family homes |
| В. | Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. Bush Point Shores is a PWS without WA DOH capacity approval |
| Com | plete C. and D. only if the proposed water system will have fifteen or more connections. |
| C. | Do you have a current water system plan approved by the Washington State Department of Health? \Box YES X NO If yes, when was it approved? \Box Please attach the current approved version of your plan. |
| D. | Do you have an approved conservation plan? \Box YES XNO If yes, when was it approved? \Box Please attach the current approved version of your plan. |
| Sec | etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.) |
| A. | Total number of acres to be irrigated: |
| B. | List total number of acres for other specified agricultural uses: |
| | UseAcres |
| | Use Acres Use Acres |
| C. | Total number of acres to be covered by this application: |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) |
| | Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; |
| | ‡ Acreage proposed to be irrigated under this application;‡ Acreage proposed to be irrigated under other pending application(s). |
| | 1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO |
| | 2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO If yes, enter permit no: |
| E. | Farm uses: |
| | Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking |
| | |

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES XNO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Clinton ferry dock, dive north on Hwy SR 525 through Freeland then turn left on Bush Point Road. Travel on Bush Point Road to Smuggler's Cove Road to Susana Drive. Turn left on Susana Drive, then right on Sippin Lane to end of road.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.) See attached "Comprehensive Map"

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? \square YES XNO If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Water used within service area of Bush Point Shores

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

XYES INO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

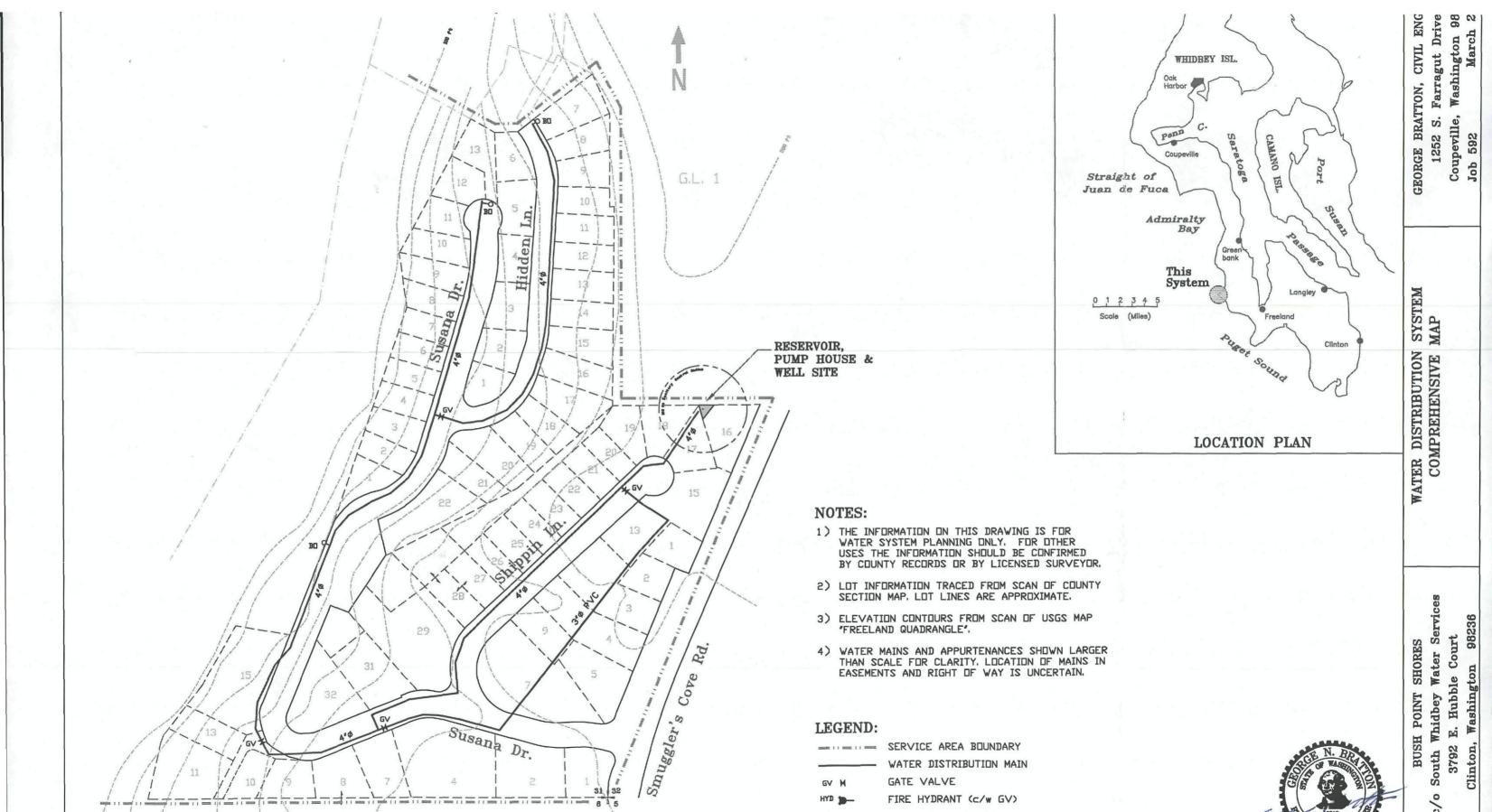
Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Dat

| Use this page to continue your answers to any questions on the application. Please indicate section number before answer. | | | | | | | |
|---|--|--|--|--|--|--|--|
| Legal Description: Service area of the Bush Point Shores water system locally 31, Township 30 North, Range 2 East, W.M., and SW quarter of Section 32. East, W.M. | | | | | | | |
| | | | | | | | |
| We are returning your application for the following reason(s): Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, | | | | | | |
| Section number(s) is/are incomplete | LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE | | | | | | |
| Explanation: | | | | | | | |
| Please provide the additional information requested above and return your applicate). | cation by | | | | | | |
| | | | | | | | |
| Ecology staff Date | | | | | | | |
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| To receive this document in alternative format, contact the Water Resources or (360) 407-6006 (TDD). | rrogram at (500) 407-0004 (Voice) | | | | | | |
| APPLICATION | | | | | | | |



See Also